

PARTICIPATING GUEST INFORMATION FORM (PGIF)
LAWRENCE BERKELEY NATIONAL LABORATORY



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NEW GUEST

FORMER GUEST

FORMER EMPLOYEE

RENEWAL

GUEST NAME:

Guest ID:

First M.I. Last

Sponsoring Institution Address (Edit Mailing Address)

Institute Name: _____
Address 1: _____
Address 2: _____
Address 3: _____
City/State/Zip: _____

Inst. Phone: _____
Inst. Fax: _____
Inst. Email: _____
Country: _____
Department: _____

Home Address (Name/Address)

Address: _____
City: _____
State/Zip: _____
Phone: _____

Guest Statistics (Personal Profile & Eligibility)

Birthdate: (mm/dd/yy) _____
Gender: F M
Citizenship: US Immigrant
Non-Immigrant

Address of Residency - if non US Citizen (not entered in HRIS)

Address: _____
City/State/Zip: _____
Country: _____
Phone: _____

LBNL Work Location (LBNL Directory)

Guest Building/Room: _____
Guest Phone: _____
LBNL Mail Stop: _____

Appointment Dates (WorkLoc & Emp Data)

From To

Assignment Information (Job Information)

Job Code:	100.0 General	100.1 Post Doc	100.2 Scientist	100.3 Sr. Scientist	100.4 Adm./Clerical
	100.5 Mgmt	100.6 GSRA	100.7 Technical	100.8 Faculty	100.9 Student

Est. Standard Hours per week: _____ (example: 40 hrs = 100%, 2hrs = 1day/mo, 24hrs = 60%, etc)

Additional Information (Guest Data)

Guest Class:	CNS Consultant	PSF PSF User	DOE DOE Emp	SRV Serv Vendor	FDS Food Serv
	SUB Subcontractor	RES Research	SEC Security	STS Staff/Tech	

Reason of Visit (incl. Beamline or project id): _____

Sponsoring Institution: _____

Department: _____

Employee of Institution? Yes No

Other Funding Sources:

1. Institution: _____	Fund Type: _____
Amount(\$/mo): _____	Date From: _____ Date To: _____

2. Institution: _____	Fund Type: _____
Amount(\$/mo): _____	Date From: _____ Date To: _____

LBNL Organization and Host Information: (Org Info, Emp Data)

Guest Orgcode: _____	Host/Supervisor: _____	Host ID: _____	Host Phone: _____
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LBNL AUTHORIZATIONS:

Approved: _____ Approved: _____

Date: _____ Date: _____

PARTICIPATING GUEST INFORMATION FORM (PGIF)
LAWRENCE BERKELEY NATIONAL LABORATORY**Page 2 of 2****GUEST NAME:****Guest ID:** _____

First _____

M.I. _____

Last _____

INSURANCE AND WORKER'S COMPENSATION DISCLOSURE:

THE LAWRENCE BERKELEY NATIONAL LABORATORY IS UNABLE TO PROVIDE WORKER'S COMPENSATION BENEFITS IN THE EVENT OF A WORK INCURRED INJURY TO A PARTICIPATING GUEST, THAT IS, ONE WHO IS NOT ON THE PAYROLL OF THE LABORATORY. Whom should LBNL contact to ascertain whether or not you are covered for Worker's Compensation Benefits? In the event of an injury while working at the Laboratory this information would be needed. (See section EMERGENCY CONTACT DATA below for person to notify in case of emergency.)

Name: _____ Address: _____

City/State/Zip: _____ Phone: _____

Name and Carrier of Medical
or Health Insurance Plan: _____**EMERGENCY CONTACT DATA**

Primary Contact? Yes No Home address/telephone same as guest? Yes No Complete if different.

Name: _____ Relationship: _____

Address: _____ Phone: _____

City/State/Zip: _____ Work Phone: _____

Country: _____ Other Phone: _____

GUEST SIGNATURE:

Signature: _____ Preparer: _____

Date: _____ Date: _____